

Work Order ID 116558

April-17-14 12:49:17 PM

116558

Page 1

Item ID: D4884-3

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: End Fitting, Eye

Start Date: 4/17/14

Start Qty: 4.00

4

Cust Item ID:

Required Date: 5/02/14

Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan: MCSDate: 14-04-17

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr

Revision Nbr

D4884

Rev. A
per EN
14-573

DOOSAN LATHE

0.00

100

100

Outsource5

Memo

0.00

Outsource process - Machining

ISSUE P.O.: 23860
SUPPLIER:ATG

C OF C IS REQUIRED

Done at

DAS

27

9-89

0.00

0.00

ATG

14/6/27

CL 14/04/22 Y

Y

110

110

QC

Quality Control

QC2- Inspect parts off machine FAI/FAIB

Memo

120

120

QC

Quality Control

QC8- Inspect parts - second check

Memo

DAS

27

9-89

0.00

0.00

14/6/27

Y

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 116558

116558

Page 2

April-17-14 12:49:17 PM

Item ID: D4884-3 Accept *N900040100* Setup Start *NS1*
Revision ID: Stop *NS2*
Item Name: End Fitting, Eye
Start Date: 4/17/14 Start Qty: 4.00 *4* Cust Item ID:
Required Date: 5/02/14 Req'd Qty: 4.00 *4* Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* Outsource2 Outsource process - NDT	Outsource process - NDT per QSI038 4.1 Memo ISSUE P/O : _____ C OF C IS REQUIRED	0.00 0.00							
140 *140* Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs Memo	0.00 0.00							4x 8014-6-27
150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 DAS 16 9-89 0.00							14/6/27

Lee

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 116558

116558

Page 3

April-17-14 12:49:17 PM

Item ID: D4884-3 Accept *N900040100* Setup Start *NS1*
Revision ID: Stop *NS2*
Item Name: End Fitting, Eye
Start Date: 4/17/14 Start Qty: 4.00 *4* Cust Item ID:
Required Date: 5/02/14 Req'd Qty: 4.00 *4* Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	Identify as per dwg & Stock Location: <u>81/25</u>	0.00							
160									
Packaging	Memo	0.00							
Packaging									
170	QC21- Final Inspection - Work Order Release	0.00							
170									
QC	Memo	0.00							
Quality Control									

DAS
26
9-89

ML5 1407-03
~~ML5 1407-02~~
MF
14-7-01

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

April-17-14 12:49:24 PM

Page 1

Work Order ID: 116558

116558

Parent Item: D4884-3

D4884-3

Parent Item Name: End Fitting, Eye

Start Date: 4/17/14

Required Date: 5/02/14

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A NEW ISSUE 14-01-13 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4884-3P		Purchased		No			Each	0.0000		4			
D4884-3P									**				
End Fitting, Eye													
M174PH-H900R1.500		Purchased		No			f	37.7083		2			
M174PH-H900R1 500									**				
17-4SS H900 ROUND BAR 1.500													
			<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>						
			MAT031		37.7083								
			M128809		37.7083								

4x 8014-6-27

02/14/04/22

2

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

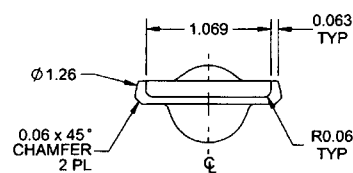
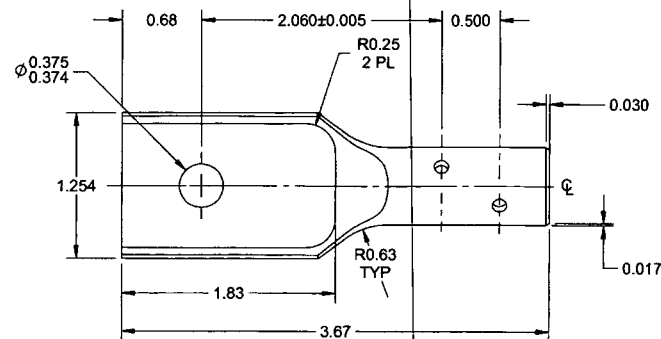
Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

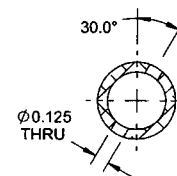
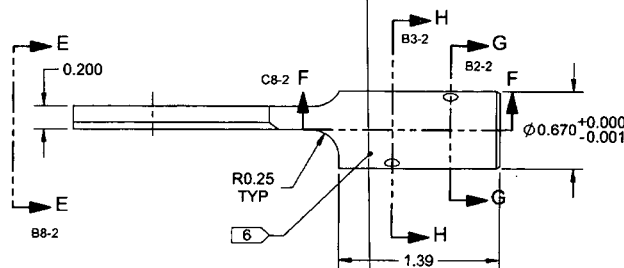
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

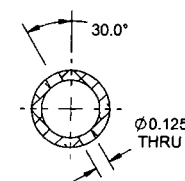
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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VIEW E-E B6-2



SECTION G-G C4-2



SECTION H-H C5-2

D4884-3 END FITTING, EYE

NOTES:

- NOTES**
- 1) MATERIAL: 17-4 PH/17400/TYPE 630 SS ROUND BAR, H900 CONDITION
PER AMS 5643/ASTM A564
DART SPEC M17-4-R
 - 2) FINISH: N/A
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
 - 7) WEIGHT: 0.14 lbs
 - 8) LIQUID PENETRANT INSPECT PER QSI 038 6.1.1 (ASTM E1417 LEVEL 2)

DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	DC	DRAWING NO.	REV. A
MFG. APPR.	JLM	D4884	SHEET 2 OF 2
APPROVED	HS	TITLE	SCALE
DE APPR.	DS	END FITTING	NTS
DATE	13.12.01	COPYRIGHT © 2013 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATELY AND CONFIDENTIAL AND IS TO BE USED ONLY FOR THE PURPOSES SPECIFIED THEREIN. IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMERCIALIZED TO ANY OTHER PERSON WITHOUT THE WRITTEN PERMISSION OF DART AEROSPACE LTD.	

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WRITTEN PERMISSION FROM DART AEROSPACE LTD

DART
SPACE

Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO23860**

Purchase Order Date 4/17/2014

PO Print Date 4/22/2014

Page Number 6 of 8

Order From :

VC-ATG001

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

Ship To : DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Contact Name

Vendor Phone

613-446-4544

Ship To Contact

Ship To Phone

Ship Via:

VENDOR'S TRUCK

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax #

10127-2607

Terms

Net 30

Currency

CAD

FOB

FCA - (Free Carrier)

Line Total:

\$580.00

14 71401-45

PROCUREMENT
QUALITY CLAUSES

5/19/2014

1.00 ✓

\$0.00

\$0.00

No

5/19/2014

Procurement Quality Clauses

A004 faa-pma/tso

A005 right of entry

A007 first article inspection

A016 personnel qualification

A040 notification of escape clauses

A041 quality management system

A042 dart notification by supplier

A043 retention of quality document

SP14-6-27

Line Total:

\$0.00

15 D4884-3P

End Fitting, Eye

5/14/2014 FN

4.00 ✓

\$85.00

\$340.00

Yes

5/14/2014

Each

MACHINE AS PER DWG D4884 REV. A

B116558

MATERIAL: 174PH-H900R1.500 M128809

SP14-6-27

Line Total:

\$340.00

Note:

4/22/2014



A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE STREET
ROCKLAND, ON. K4K 1T2
Canada

Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 908161

Date: 24-Jun-14

To

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7
Canada

Ship To

CHANTAL LAVOIE
DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

Terms		Ship Via	
Quantity	Description		
	PLEASE REFERENCE THE PACK LIST NUMBER ON ALL CORRESPONDENCE TO THIS SHIPMENT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL AT (613) 446-4544.		
2 ea	Part: D4806-1P CLEVIS Job: 16212	Rev: A PO: PO23860	Line: 1
4 ea	Part: D4920-1P END FITTING Job: 16221	Rev: A PO: PO23860	Line: 10
4 ea	Part: D4920-3P END FITTING Job: 16222	Rev: A PO: PO23860	Line: 11
4 ea	Part: D4884-3P END FITTING, EYE Job: 16225	Rev: A PO: PO23860	Line: 15
DATE: 24 June 2014			
CERTIFIED SIGNATURE:			
RECEIVER SIGNATURE: _____			
CERTIFICATE OF CONFORMANCE			
A.T.G. INDUSTRIES INC. CERTIFIES THAT ALL ITEMS IN THIS SHIPMENT ARE IN CONFORMANCE WITH THE REQUIREMENTS, SPECIFICATIONS, AND DRAWINGS REFERENCED IN THE ABOVE PURCHASE ORDER.			
I.S.O. 9001 : 2008 REGISTERED / MADE IN CANADA			

SP14-6-27

First Article Inspection Report



731 Industrielle St
Rockland, Ontario K4K 1T2
Ph: 613 446-4544

Customer: **Dart Aerospace**

Date: **June 20th, 2014**

511

Part Number: **D4884-3P**

Revision: **A**

PO Number: **PO23860**

Qty: **4**

FAI No.

Item	Dimension	Measurement	Remarks
		Inspected by: Rene Tougas, Q.C.	
1	Ø.500	.502	Section F-F
2	1.17	1.174	
3	.09 REF	.128	
4	.68	.680	
5	2.060±.005	2.062	
6	R.25	.250	2 Places
7	.500	.500	
8	.030	.029	
9	.017	.017	
10	3.67	3.675	
11	R.63 TYP	.625	
12	1.83	1.828	
13	1.254	1.250	
14	Ø.375/.374	.3745	
15	1.069	1.064	View E-E
16	.063 TYP	.066	
17	R.06 TYP	.062	
18	.06 x 45° Chamfer	.057	2 Places
19	Ø1.26	1.261	
20	.200	.198	
21	Ø.670+.000/- .001	.6699	
22	1.39	1.394	
23	Note 6	✓	
24	R.25 TYP	.250	
25	30°	30°	Section G-G
26	Ø.125 thru	.125	
27	30°	30°	Section H-H
28	Ø.125 thru	.125	
29	Material:	17-4SS H900 1.375" RD BAR	Supplied by Customer
30	Treatment:	Liquid Penetrant	PO#: 20140224



skyservice Work Order Traveler

Sky Service F.B.O. Inc.


Page: 1 of 1

DOT APP 53-89 / EASA 145.7142 / BDA AMO 385

WO #: MWO21208	Customer: ATG Industries Inc	Dept: NDT YUL	Reference: 20140224
Descr:	PN:	S/N:	Qty: 1
Make:	Model:	Reg:	A/C S/N:
TSN: 0	CSN: 0	TSO: 0	
Task: UNSCHEDULED			Sequence: 1

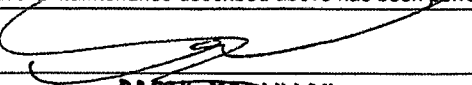

Work Required:

CARRY OUT NDT ON 55 PARTS AS PER PO : 20140224

Action Taken:						Date:	Initial/Stamp:
LPI C/O AS PER ASTM E-1417M-13 NO CRACK FOUND PEN.(ZL-37 , B#10A070), CLEAN(SKC-S,B#09F21K),DEV.(SKD-S2,B#09L04K) EMU.(ZR-10B,B#10A074).						JUN 17 2014	
Description	Location	P/N	Qty	Batch	S/N Off	S/N On	

COPY

I certified that the maintenance described above has been performed in accordance with the applicable standard of airworthiness.

Signature: 	ACA/SCA Stamp 	Date: JUN 17 2014
Name: RAFIK MELIKIAN		